SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
Filing Company:	*Admiral Life Insurance Company of America*	*State Tracking Number:*	*47607*
Company Tracking Number:	*AL 2010 AR IAS FORMS*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*AL 2010 AR IAS Forms*		
Project Name/Number:	*AL 2010 AR IAS Forms/*		

Filing at a Glance

Company: Admiral Life Insurance Company of America

Product Name: AL 2010 AR IAS Forms	SERFF Tr Num: IASL-126952317	State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Approved-Closed	State Tr Num: 47607
Sub-TOI: MS08I.001 Plan A 2010	Co Tr Num: AL 2010 AR IAS FORMS	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Stephanie Fowler
	Author: Beth Clark	Disposition Date: 01/26/2011
	Date Submitted: 12/29/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: AL 2010 AR IAS Forms	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/26/2011
	State Status Changed: 01/26/2011
Deemer Date:	Created By: Beth Clark
Submitted By: Beth Clark	Corresponding Filing Tracking Number:

Filing Description:

This is a new form filing for Individual Medicare Supplement Plans. Admiral Life Insurance Company of America intends to market Plans A, B, C, D, F, HF, G, M and N. This is a direct market product for individuals who are eligible for Medicare. The policies will be applied for online and the applicant will be directed to a customer service center for assistance, if needed.

Ancillary forms used with the policy include the application, reinstatement application, a replacement notice, an outline of coverage and an amendment to application.

SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
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The Amendment to Application is used if the applicant leaves a question blank or if they have answered a question incorrectly. The form will state the question on the application verbatim and provide the answer. The applicant will be required to sign the amendment to application form and this will be attached to and become part of the policy. The amendment to application form could be used if during the online process the applicant chooses to opt out and submit their application by mail. To further explain the use of this form, we are enclosing and explanation of variable language.

Company and Contact

Filing Contact Information

Beth Clark, Compliance Analyst	beth.clark@iasadmin.com
8545 126th Avenue North	727-584-0007 [Phone] 2169 [Ext]
Suite 200	727-584-5613 [FAX]
Largo, FL 33773-1502	

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

Admiral Life Insurance Company of America	CoCode: 71390	State of Domicile: Arizona
One State Mutual Drive	Group Code: 472	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(800) 987-1593 ext. [Phone]	FEIN Number: 41-6041001	

Filing Fees

Fee Required?	Yes
Fee Amount:	$700.00
Retaliatory?	No
Fee Explanation:	$50/Form x 14 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Admiral Life Insurance Company of America	$700.00	12/29/2010	43301970

SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/26/2011	01/26/2011

SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
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Disposition

Disposition Date: 01/26/2011
Implementation Date:
Status: Approved-Closed
Comment: This approval is subject to the following:

• Increases will not be given more frequently than once in a twelve-month period;

• The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Explanation of Variable Language for Amendment to Application	Approved	Yes
Form	Medicare Supplment Plan A	Approved	Yes
Form	Medicare Supplment Plan B	Approved	Yes
Form	Medicare Supplment Plan C	Approved	Yes
Form	Medicare Supplment Plan D	Approved	Yes
Form	Medicare Supplment Plan F	Approved	Yes
Form	Medicare Supplment Plan HF	Approved	Yes
Form	Medicare Supplment Plan G	Approved	Yes
Form	Medicare Supplment Plan M	Approved	Yes
Form	Medicare Supplment Plan N	Approved	Yes
Form	Application	Approved	Yes
Form	Outline of Coverage	Approved	Yes
Form	Reinstatement Application	Approved	Yes
Form	Replacement Notice	Approved	Yes
Form	Amendment to Application	Approved	Yes
Rate	Rate Pages	Approved	Yes

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Form Schedule

Lead Form Number: ALMSDAA2010AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 01/26/2011	ALMSDAA2010AR	Advertising	Medicare Supplment Plan A	Initial		50.000	ALMSDAI2010AR.pdf
Approved 01/26/2011	ALMSDBA2010AR	Advertising	Medicare Supplment Plan B	Initial		50.100	ALMSDBI2010AR.pdf
Approved 01/26/2011	ALMSDCA2010AR	Advertising	Medicare Supplment Plan C	Initial		50.200	ALMSDCI2010AR.pdf
Approved 01/26/2011	ALMSDDA2010AR	Advertising	Medicare Supplment Plan D	Initial		50.000	ALMSDDI2010AR.pdf
Approved 01/26/2011	ALMSDFA2010AR	Advertising	Medicare Supplment Plan F	Initial		50.200	ALMSDFI2010AR.pdf
Approved 01/26/2011	ALMSDRA2010AR	Advertising	Medicare Supplment Plan HF	Initial		50.700	ALMSDRI2010AR.pdf
Approved 01/26/2011	ALMSDGA2010AR	Advertising	Medicare Supplment Plan G	Initial		50.200	ALMSDGI2010AR.pdf
Approved 01/26/2011	ALMSDMA2010AR	Advertising	Medicare Supplment Plan M	Initial		50.500	ALMSDMI2010AR.pdf
Approved 01/26/2011	ALMSDNA2010AR	Advertising	Medicare Supplment Plan N	Initial		50.100	ALMSDNI2010AR.pdf
Approved 01/26/2011	ALAPP2010AR	Application/ Enrollment Form	Application	Initial			ALAPP2010AR.pdf
Approved 01/26/2011	ALOC2010ARD	Outline of Coverage	Outline of Coverage	Initial			ALOC2010ARD.pdf
Approved 01/26/2011	ALREST2010GN	Application/ Enrollment Form	Reinstatement Application	Initial			ALREST2010GN.pdf
Approved 01/26/2011	MSDREPL2010	Other	Replacement Notice	Initial			MSDREPL2010.pdf
Approved 01/26/2011	AL-ATA	Other	Amendment to Application	Initial			AL-ATA.pdf

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN A

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Life Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

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POLICYHOLDER INFORMATION

For support and information regarding certificate terms, premium payments, claims processing and payment, contact us at:

Medicare Supplement Administration
[P. O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED: **POLICY EFFECTIVE DATE:**

POLICY NUMBER: **ISSUE AGE:**

STATE OF ISSUE: **MODE AT ISSUE:**

MODAL PREMIUM: **PREMIUM TERM:**

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN A

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Life Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision.

GENERAL POLICY PROVISIONS CONTINUED

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Life Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[]

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN B

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9035]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

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[P. O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED:

POLICY EFFECTIVE DATE:

POLICY NUMBER:

ISSUE AGE:

STATE OF ISSUE:

MODE AT ISSUE:

MODAL PREMIUM:

PREMIUM TERM:

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN B

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For Plan "B"

Medicare Part A Deductible: Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision.

GENERAL POLICY PROVISIONS CONTINUED

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits Provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[]

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN C

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

TABLE OF CONTENTS

POLICYHOLDER INFORMATION

For support and information regarding certificate terms, premium payments, claims processing and payment, contact us at:

Medicare Supplement Administration
[P. O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED:

POLICY EFFECTIVE DATE:

POLICY NUMBER:

ISSUE AGE:

STATE OF ISSUE:

MODE AT ISSUE:

MODAL PREMIUM:

PREMIUM TERM:

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN C

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Emergency Care means care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Medicare Part B Deductible means the fixed amount You must pay each calendar year before Medicare starts paying Part B expenses. This amount is set each year by Medicare. Medicare does not pay this amount. A Calendar Year begins on January 1 and ends on December 31.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

DEFINITIONS CONTINUED

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For Plan "C"

Medicare Part A Deductible: Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.

Skilled Nursing Facility Care: Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for posthospital Skilled Nursing Facility care eligible under Medicare Part A.

Medicare Part B Deductible: Coverage for all of the Medicare Part B Deductible amount per Calendar Year regardless of Hospital confinement.

Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000).

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

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NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision.

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[]

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN D

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10861]
[Clearwater, Florida 33757-8861]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

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POLICYHOLDER INFORMATION

For support and information regarding certificate terms, premium payments, claims processing and payment, contact us at:

Medicare Supplement Administration
[P. O. Box 10860]
[Clearwater, Florida 33757-8861]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED:

POLICY EFFECTIVE DATE:

POLICY NUMBER:

ISSUE AGE:

STATE OF ISSUE:

MODE AT ISSUE:

MODAL PREMIUM:

PREMIUM TERM:

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN D

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Emergency Care means care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For Plan "D"

Medicare Part A Deductible: Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.

Skilled Nursing Facility Care: Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for posthospital Skilled Nursing Facility care eligible under Medicare Part A.

Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000).

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision.

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861.]

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[]

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN F

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10861]
[Clearwater, Florida 33757-8861]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

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POLICYHOLDER INFORMATION

For support and information regarding certificate terms, premium payments, claims processing and payment, contact us at:

Medicare Supplement Administration
[P.O. Box 10861]
[Clearwater, Florida 33757-8861]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED:

POLICY EFFECTIVE DATE:

POLICY NUMBER:

ISSUE AGE:

STATE OF ISSUE:

MODE AT ISSUE:

MODAL PREMIUM:

PREMIUM TERM:

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN F

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Emergency Care means care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Medicare Part B Deductible means the fixed amount You must pay each calendar year before Medicare starts paying Part B expenses. This amount is set each year by Medicare. Medicare does not pay this amount. A Calendar Year begins on January 1 and ends on December 31.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

DEFINITIONS CONTINUED

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For Plan "F"

Medicare Part A Deductible: Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.

Skilled Nursing Facility Care: Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for posthospital Skilled Nursing Facility care eligible under Medicare Part A.

Medicare Part B Deductible: Coverage for all of the Medicare Part B Deductible amount per Calendar Year regardless of Hospital confinement.

Additional Benefits For Plan "F" Continued

One Hundred Percent (100%) of the Medicare Part B Excess Charges: Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000).

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision.

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – HIGH DEDUCTIBLE PLAN F

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY CONTAINS AN ANNUAL DEDUCTIBLE

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

TABLE OF CONTENTS

POLICYHOLDER INFORMATION

For support and information regarding certificate terms, premium payments, claims processing and payment, contact us at:

Medicare Supplement Administration
[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED: **POLICY EFFECTIVE DATE:**

POLICY NUMBER: **ISSUE AGE:**

STATE OF ISSUE: **MODE AT ISSUE:**

MODAL PREMIUM: **PREMIUM TERM:**

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY HIGH DEDUCTIBLE PLAN F

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Emergency Care means care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Medicare Part B Deductible means the fixed amount You must pay each calendar year before Medicare starts paying Part B expenses. This amount is set each year by Medicare. Medicare does not pay this amount. A Calendar Year begins on January 1 and ends on December 31.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

DEFINITIONS CONTINUED

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Your Policy has an annual deductible that You must pay before any benefits are payable under the Policy. This deductible consists of Your out-of-pocket expenses, other than premiums, for services covered under the Policy. The annual deductible is in addition to any other specific deductibles stated in the Policy. The amount of the deductible is adjusted annually by the Secretary of the United States Department of Health and Human Services to reflect changes in the Consumer Price index.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For High Deductible Plan "F"

Medicare Part A Deductible: Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.

Skilled Nursing Facility Care: Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for posthospital Skilled Nursing Facility care eligible under Medicare Part A.

Medicare Part B Deductible: Coverage for all of the Medicare Part B Deductible amount per Calendar Year regardless of Hospital confinement.

One Hundred Percent (100%) of the Medicare Part B Excess Charges: Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000).

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment.

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861.]

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us, Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861.]

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

GENERAL POLICY PROVISIONS CONTINUED

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[]

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN G

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

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POLICYHOLDER INFORMATION

For support and information regarding certificate terms, premium payments, claims processing and payment, contact us at:

Medicare Supplement Administration
[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED:

POLICY EFFECTIVE DATE:

POLICY NUMBER:

ISSUE AGE:

STATE OF ISSUE:

MODE AT ISSUE:

MODAL PREMIUM:

PREMIUM TERM:

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN G

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Emergency Care means care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For Plan "G"

Medicare Part A Deductible: Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.

Skilled Nursing Facility Care: Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for posthospital Skilled Nursing Facility care eligible under Medicare Part A.

One Hundred Percent (100%) of the Medicare Part B Excess Charges: Coverage for one hundred percent (100%) of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000).

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861.]

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision.

GENERAL POLICY PROVISIONS CONTINUED

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[]

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN M

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

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Medicare Supplement Administration
[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED:

POLICY EFFECTIVE DATE:

POLICY NUMBER:

ISSUE AGE:

STATE OF ISSUE:

MODE AT ISSUE:

MODAL PREMIUM:

PREMIUM TERM:

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN M

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Emergency Care means care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For Plan "M"

Medicare Part A Deductible: Coverage for fifty percent (50%) of the Medicare Part A Initial Deductible amount per Benefit Period.

Skilled Nursing Facility Care: Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for posthospital Skilled Nursing Facility care eligible under Medicare Part A.

Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000).

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

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TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision

GENERAL POLICY PROVISIONS CONTINUED

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[Ann Rogers]

[Corporate Secretary]

ADMIRAL INSURANCE COMPANY OF AMERICA
[Scottsdale, Arizona 85253]

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN N

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US

READ YOUR POLICY CAREFULLY

This Policy provides benefits to supplement hospital and medical coverage of Medicare. Only persons eligible for Medicare may apply for this Policy. In this Policy, "You" and "Your" means the Insured named on the application and shown on the Policy Schedule. "We," "Our" and "Us" means Admiral Insurance Company of America.

NOTICE TO BUYER. THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.

IMPORTANT NOTICE: Issuance of this Medicare Supplement Insurance Policy is based on Your answers to the questions on Your application. A copy of the application is attached. Omissions or misstatements on the application could cause Your claim to be denied or Your Policy to be rescinded. If, for any reason, Your answers are incorrect, contact Us immediately at Our Medicare Supplement Administrative Office at:

[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

POLICY EFFECTIVE DATE AND CONSIDERATION

We have issued this Policy in consideration of the payment of premium and the statements made on the application. The application is attached to and made a part of this Policy. The term of this Policy begins at 12:01 A.M. Standard Time, at the place where You reside, on the Policy Effective Date shown on the Policy Schedule. It ends at 12:00 o'clock midnight, Standard Time, at the place where You reside, on the day before Your premium is due. The date Your premium is due is determined by the mode of payment. The mode of payment for the original term of the Policy is shown on the Policy Schedule.

THIRTY DAY RIGHT TO EXAMINE AND RETURN POLICY

Please read Your Policy carefully. If, for any reason, You are not satisfied, You may return Your Policy to Us within thirty (30) days after receiving it. If returned, the Policy will be void from its beginning and any premium paid will be refunded, less any claims paid.

GUARANTEED RENEWABLE FOR LIFE – PREMIUMS SUBJECT TO CHANGE

This Policy is renewable as long as You live, provided You continue to pay premiums when due. At no time while You continue Your Policy in force, may We place any restrictive riders on Your coverage. The premium may change if a new table of rates is applicable to the Policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence. Any change in Premium will occur on your Policy Anniversary Date. Your Policy Anniversary Date is the same month and day as the Policy Effective Date for each succeeding year this Policy remains in force. We will give You the advance written notice required by Your state prior to any premium change.

THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION

THIS IS A NON-PARTICIPATING POLICY

TABLE OF CONTENTS

POLICYHOLDER INFORMATION

For support and information regarding certificate terms, premium payments, claims processing and payment, contact us at:

Medicare Supplement Administration
[P.O. Box 10860]
[Clearwater, Florida 33757-8860]
[866-398-9305]

For your information, the following is the name, address and telephone number of your agent:

[Mr. Fred Smith]
[123 First Street]
[Anywhere, AR 12345]
[1-555-555-1234]

The Arkansas Insurance Department can be contacted at:

Arkansas Insurance Department
Consumer Services
1200 West Third Street
Little Rock, Arkansas 72201-1904
1-501-371-2640

Toll Free Consumer Information Telephone Number
1-800-852-5494

POLICY SCHEDULE

INSURED: **POLICY EFFECTIVE DATE:**

POLICY NUMBER: **ISSUE AGE:**

STATE OF ISSUE: **MODE AT ISSUE:**

MODAL PREMIUM: **PREMIUM TERM:**

UNDERWRITING CLASS:

****

TYPE OF COVERAGE: MEDICARE SUPPLEMENT POLICY PLAN N

DEFINITIONS

Benefit Period means the period as determined by Medicare which begins on the date, You are first confined in a Hospital. It ends following a period of sixty (60) consecutive days during which You have not been confined in a Hospital or a Skilled Nursing Facility.

Calendar Year means the period of time beginning on January 1 and ending on December 31 of that same year.

Coinsurance Amount means the part of Medicare Eligible Expenses You have to pay. It does not include Part A or Part B deductible amounts.

Emergency Care means care needed immediately because of an Injury or an illness of sudden and unexpected onset.

Hospital means a hospital that is approved, or eligible to be approved to receive payments from Medicare and is accredited by the Joint Commission on Accreditation of Hospitals.

Hospitalized or **Hospitalization** means being confined in a Hospital on an inpatient basis.

Immediate Family means Your spouse; parents; grandparents; children; or siblings, and their spouses.

Injury means a bodily injury which is the direct result of an accident and independent of all other causes.

Lifetime Inpatient Reserve Days means a total of sixty (60) extra days in the Hospital provided to You by Medicare. These reserve days must be used if You are Hospitalized for more than ninety (90) days in a Benefit Period, unless previously used. When a lifetime reserve day is used, it is subtracted from the number of days You have left.

Medicaid means the medical assistance program under Title XIX of the Social Security Amendment of 1965, as then constituted or later amended.

Medically Necessary means a service or supply that is recognized by Medicare as necessary to diagnose or treat an Injury or Sickness and is: (1) prescribed by a Physician; (2) consistent with the diagnosis and treatment of the Injury or Sickness; (3) in accordance with the generally accepted standards or medical practice; and (4) not solely for the convenience of You or the Physician.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and Medically Necessary by Medicare.

Medicare Part A Initial Deductible means the fixed amount Medicare does not pay during the first sixty (60) days of Hospital confinement in a Benefit Period. This amount is set each year by Medicare. Medicare does not pay this amount.

Physician means any practitioner of the healing arts acting within the scope of his/her license. It does not include You or any member of Your Immediate Family.

Policy Copayment is the fixed amount the Policy will not pay for specified Medicare Part B expenses after the Medicare Part B Deductible has been met. This Policy Copayment will change in accordance with applicable law and regulation. You are responsible to pay the Policy Copayments.

Policy Effective Date means the effective date of this Policy and is shown on the Policy Schedule. The Policy Effective Date is not the date You signed the application for coverage.

DEFINITIONS CONTINUED

Sickness means illness or disease which first manifests itself after the Policy Effective Date and while this Policy is in force.

Skilled Nursing Facility means an institution licensed as such by the state in which it is located and is operating within the scope and intent of its license. It does not include a facility or any of its sections which is primarily a place for drug addicts, alcoholics, or persons suffering from mental disease.

BENEFIT PROVISIONS

We will pay only the following Medicare Eligible Expenses not paid by Medicare. Benefits are only paid to the extent specified in this provision.

The benefits paid under this Policy will not duplicate benefits paid by Medicare.

Basic (Core) Benefits

Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.

Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.

Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days. The provider will accept Our payment as payment in full and may not bill You for any balance.

Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.

Coverage for the Coinsurance Amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible and copayment amounts described below. You are responsible to pay:

1. the lesser of the Policy Copayment or the Medicare Part B coinsurance/copayment for each covered health care provider office visit (including visits to medical specialists); and
2. the lesser of the Policy Copayment or the Medicare Part B coinsurance/copayment for each covered emergency room visit. The emergency room copayment will be waived if You are admitted to any Hospital and the emergency room visit is subsequently covered as a Medicare Part A expense.

Hospice Care: Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

Additional Benefits For Plan "N"

Medicare Part A Deductible: Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.

Skilled Nursing Facility Care: Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars ($250), and a lifetime maximum benefit of fifty thousand dollars ($50,000).

GUARANTEE REGARDING CHANGES IN MEDICARE BENEFITS

We guarantee that the benefits and payment schedule of this Policy will automatically change to reflect any changes which will become effective under Medicare deductibles, copayment or coinsurance amounts. Only those provisions of the Policy which are affected by the legislation are changed. Your coverage will automatically provide for such changes to whatever extent necessary. Premiums may be modified to correspond with such changes in accordance with the PREMIUMS SUBJECT TO CHANGE provision on page 1.

MEDICAL ASSISTANCE UNDER MEDICAID AND SUSPENSION UNDER GROUP HEALTH PLAN

Benefits and premiums under this Policy are suspended at Your request for a period not to exceed twenty-four (24) months, in which You have applied for and are determined to be entitled to medical assistance under Title XIX of the Social Security Act. You must notify Us within ninety (90) days after the day You become entitled to such assistance.

If such a suspension occurs and You lose entitlement of such medical assistance, Your Policy is automatically reinstituted effective as of the date of termination of such entitlement if You provide notice of loss of such entitlement within ninety (90) days after the date of such loss and pay the premiums attributable to the period. Your reinstituted Policy is effective as of the date of termination of such entitlement.

Benefits and premiums under this Policy shall be suspended for any period that may be provided by federal regulation at Your request if You are entitled to benefits under section 226(b) of the Social Security Act and are covered under a group health plan, as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and You lose coverage under the group health plan, Your Policy shall be automatically reinstituted, effective as of the date of loss of such coverage, if You provide notice of loss of coverage within ninety (90) days after the date of such loss and pay the premiums attributable to the period, effective as of the date of termination of such entitlement.

Reinstitution of Your coverage provides for:

1. No waiting period with respect to treatment of preexisting conditions.
2. Coverage equivalent to coverage in effect before the date of suspension; and
3. Your classification of premium remains as favorable to You as the premium classification terms that would have applied to You had the coverage not been suspended.

EXTENSION OF BENEFITS

Upon termination of this Policy, an extension of benefits will be granted for any continuous loss which commenced during a period where the Policy was in force and the premium was paid. This extension of benefits beyond the period during which the Policy was in force may be conditioned upon Your continuous total disability, limited to the duration of the Policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

EXCLUSIONS

We will not pay benefits for:

(a) Expenses incurred while this policy is not in force except as provided in the Extension of Benefits section;

(b) Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;

(c) That portion of any expense incurred which is paid for by Medicare;

(d) Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;

(e) Services for which a charge is not normally made in the absence of insurance; or

(f) Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

GENERAL POLICY PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy, including the endorsements and attached documents if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by one of Our executive officers and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After three (3) years from the date of issue of this Policy no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or to deny a claim for loss incurred commencing after the expiration of the three (3) year period.

GRACE PERIOD: A grace period of thirty-one (31) days will be granted for the payment of each premium due after the initial premium. The Policy will remain in force during the grace period. If the premium is not paid during the grace period, coverage will terminate as of the date the premium was due and claims incurred on or after that date will not be considered for payment. A grace period does not apply if You cancel Your Policy**.**

REINSTATEMENT: If any renewal premium is not paid within the time granted by Us for payment, a subsequent acceptance of any premium by Us or by any of Our authorized agents, without requiring an application for reinstatement, shall reinstate the Policy; provided, however that, if We or any of Our authorized agents require an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval of such application by Us or, lacking such approval, upon the forty-fifth (45th) day following the date of such conditional receipt unless We have previously notified You in writing of Our disapproval of such application. The reinstated Policy shall cover only loss resulting from Injury or Sickness as may begin on or after the date of reinstatement. In all other respects the Company and the Insured shall have the same rights under the Policy as they had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with reinstatement.

NOTICE OF CLAIMS: We must receive written notice of claim within twenty (20) days after any covered loss occurs or begins. If notice cannot be given at that time, it must be given as soon as reasonably possible. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861].

GENERAL POLICY PROVISIONS CONTINUED

CLAIM FORMS: When We get the notice, We will send You forms for filing proof of loss. If We do not send the forms within fifteen (15) working days after receiving written notice, Our requirements will be met if We receive written proof of the event and type and extent of the loss within the time stated below.

PROOF OF LOSS: We must receive written proof of loss within ninety (90) days after the date the loss began or occurred. If it is not reasonably possible to give this timely proof, the claim will not be affected if it is sent as soon as is reasonable. However, unless the person making the claim is legally incapacitated, proof must be given within one (1) year from the time it is otherwise due.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this Policy will be payable immediately upon receipt of due written proof of such loss. For continuing losses, We will pay the benefits due monthly on receipt of due proofs of loss. All benefits due will be paid to You or to any health care provider to whom You have assigned benefits.

PAYMENT OF CLAIMS: Any accrued benefits unpaid at Your death will be paid to Your estate or to any health care providers to whom You have assigned benefits. Should We fail to pay the benefits payable upon receipt of due written proof of loss, We shall have fifteen (15) working days thereafter within which to mail You a letter or notice which states the reasons We have for failing to pay the claim, either in whole or in part, and which also gives You a written itemization of any documents or other information needed to process the claim or any portions thereof which are not being paid. When all of the listed documents or other information needed to process the claim have been received, We shall then have fifteen (15) working days within which to process and either pay the claim or deny it, in whole or in part, giving You the reasons We may have for denying such claim or any portion thereof.

We shall pay interest to You equal to twelve percent (12%) per annum on the proceeds or benefits due under the terms of this Policy for failure to comply with the requirements of this provision

ELECTRONIC CLAIM FILING PROCESS: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and Hospital expenses You incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and then passes Your claim electronically to Us for consideration of benefits under Your Medicare Supplement Policy. We will accept Medicare's electronic submission of Your claim to Us as Your notice of claim. For consideration of expenses that are not submitted electronically to Us Your Medicare Summary Notice or Medicare Benefit Notice can serve as Your notice of claim. This Medicare statement shows Your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of Your Medicare statement to Us or Your health care provider may submit it to Us on Your behalf.

PHYSICAL EXAMINATIONS: At Our expense, We may have You examined as often as reasonably necessary while the claim is pending.

LEGAL ACTION: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

UNPAID PREMIUM: Upon the payment of a claim under this Policy, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

CONFORMITY WITH STATE LAWS: Any provision of the Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to conform to the minimum requirements of such laws.

ASSIGNMENT: No assignment of any benefit or claim shall bind Us unless the same is filed in writing prior to the payment of any benefit claimed. We assume no responsibility for the validity of any assignment. Notice may be given to Admiral Insurance Company of America, Medicare Supplement Claims Processing Center, [P.O. Box 10861 Clearwater, Florida 33757-8861.]

GENERAL POLICY PROVISIONS CONTINUED

CLERICAL ERROR: Clerical error on Our part will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an equitable adjustment will be made in the premiums. Complete proof must be supplied, documenting any clerical errors.

MISSTATEMENT OF AGE: If Your age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age.

PRO RATA REFUND: If We receive written proof of death which terminates coverage, We will refund that part of any premium You have paid which covers a period after death occurs.

CANCELLATION BY INSURED: You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation. Claims will not be paid for dates of service after the date of cancellation except as provided for under the Extension of Benefits provision.

This Policy is signed for Admiral Life Insurance Company Of America by its Corporate Secretary

[]

[Corporate Secretary]

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA
Home Office: [Scottsdale, Arizona]
Administration: [P.O. Box 10862]
[Clearwater, Florida 33757-8862]

APPLICATION FOR MEDICARE SUPPLEMENT COVERAGE

SECTION A. PROPOSED INSURED INFORMATION

Applicant Name *(exactly as it appears on your Medicare card)*	
Resident Address	Phone *(with area code)*
City	State, Zip Code
Date of Birth *mm/dd/yyyy*	Current Age
Male ☐ Female ☐	Social Security No
Medicare Card No	
Email Address	
Height *Feet and inches*	Weight *Pounds*

SECTION B. PLAN AND PREMIUM INFORMATION

Plan		Requested Policy Effective Date		
Premium $				
Premium Collected $		Initial Bank Draft: $	Issue Date ☐	Effective Date ☐
Payment Mode: Bank Draft	Monthly Bank Draft ☐ (Bank Draft ONLY)	Annual ☐	Semi-Annual ☐	Quarterly ☐

SECTION C. PLEASE ANSWER ALL ELIGIBILITY QUESTIONS

1.	Are you covered under Medicare Part A?	Yes ☐ No ☐
	If YES, what is your Part A effective date? ___/___/___	
	If NO, what is your eligibility date? ___/___/___	
2.	Are you covered under Medicare Part B?	Yes ☐ No ☐
	If YES, what is your Part B effective date? ___/___/___	
	If NO, what is your eligibility date? ___/___/___	
3.	Are you applying during a guaranteed issue period? (If YES please attach proof of eligibility).	Yes ☐ No ☐

SECTION D. HEALTH QUESTIONS

(You do not have to answer these questions if you are applying during open enrollment or a guaranteed issue period.)

Have you used tobacco in any form in the past 12 months?	Yes ☐	No ☐

If applying during Open Enrollment or a Guaranteed Issue period, go to SECTION F.

If not, PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. If you answer YES to any of the following questions 1 - 14, you are not eligible for coverage.

1. Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair?	Yes ☐ No ☐
2. Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders?	Yes ☐ No ☐
3. Have you been diagnosed with Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Multiple or Lateral Sclerosis, Osteoporosis with fractures, Cirrhosis or kidney disease requiring dialysis?	Yes ☐ No ☐
4. Have you been diagnosed with Alzheimer's Disease, Senile Dementia, or any other cognitive disorder?	Yes ☐ No ☐
5. Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	Yes ☐ No ☐
6. If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure), or kidney disease? If you do **not** have diabetes, this question should be answered "NO."	Yes ☐ No ☐
7. Do you have diabetes that has ever required more than 50 units of insulin daily?	Yes ☐ No ☐
8. Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism, drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease?	Yes ☐ No ☐
9. Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?	Yes ☐ No ☐
10. Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised to have a joint replacement?	Yes ☐ No ☐
11. Have you been advised by a physician that surgery may be required within twelve (12) months for cataracts?	Yes ☐ No ☐
12. Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?	Yes ☐ No ☐
13. Have you been hospital confined three or more times in the last two years?	Yes ☐ No ☐
14. Have you had an organ transplant or been advised by a physician to have an organ transplant?	Yes ☐ No ☐

SECTION E. MEDICATION HISTORY

Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months? Yes ☐ No ☐

If YES, please list the drug(s) and the condition(s) below. Attach a separate sheet if needed.

Medication Name (copy off pharmacy label)	
Date **Originally** Prescribed	
Dosage and Frequency	
Diagnosis/Condition	
Medication Name (copy off pharmacy label)	
Date **Originally** Prescribed	
Dosage and Frequency	
Diagnosis/Condition	
Medication Name (copy off pharmacy label)	
Date **Originally** Prescribed	
Dosage and Frequency	
Diagnosis/Condition	
Medication Name (copy off pharmacy label)	
Date **Originally** Prescribed	
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Diagnosis/Condition	
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Dosage and Frequency	
Diagnosis/Condition	
Medication Name (copy off pharmacy label)	
Date **Originally** Prescribed	
Dosage and Frequency	
Diagnosis/Condition	
Medication Name (copy off pharmacy label)	
Date **Originally** Prescribed	
Dosage and Frequency	
Diagnosis/Condition	

SECTION F. FOR YOUR PROTECTION, the National Association of Insurance Commissioners require that we ask the following questions about insurance policies or certificates you may have.

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. **PLEASE ANSWER ALL QUESTIONS.**

To the Best of Your Knowledge:

1. (a) Did you turn age 65 in the last six months? Yes ☐ No ☐

   (b) Did you enroll in Medicare Part B in the last six months? Yes ☐ No ☐

   (c) If YES, indicate your effective date. / /

2. Are you covered for medical assistance through the state Medicaid program? Yes ☐ No ☐

   (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to the above question.)
   If YES, answer (a) – (b) below.

   (a) Will Medicaid pay your premiums for this Medicare supplement policy? Yes ☐ No ☐

   (b) Do you receive any benefits from Medicaid OTHER THAN payment toward your Medicare Part B premium? Yes ☐ No ☐

3. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days? (For example, a Medicare Advantage plan, or a Medicare HMO or PPO.) Yes ☐ No ☐

   If YES, answer (a) – (g) below.

   (a) Name of Company _____

   Plan Type & Policy/Certificate No _____

   Company Telephone Number _____

   Coverage Dates: START DATE / /

   (if you are still covered under this plan, leave end date blank) END DATE / /

   (b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy? Yes ☐ No ☐

   If YES, have you received a copy of the replacement notice? Yes ☐ No ☐

   (c) Reason for termination/disenrollment? _____

   (d) Planned date of termination/disenrollment? / /

   (e) Was this your first time in this type of Medicare plan? Yes ☐ No ☐

   (f) Did you drop a Medicare supplement or Medicare select policy/certificate to enroll in this Medicare plan? Yes ☐ No ☐

   (g) Is your former Medicare supplement or Medicare select policy/certificate still available? Yes ☐ No ☐

4. Do you have another Medicare supplement or Medicare select insurance policy in force? Yes ☐ No ☐

   If YES, answer (a) – (d) below.

   (a) Name of Company _____

   Plan Type & Policy/Certificate No _____

   Company Telephone Number _____

   Issue Date / /

   (b) Do you intend to replace your current Medicare supplement or Medicare select policy/certificate with this policy? Yes ☐ No ☐

   (c) Indicate termination date. / /

   (d) Have you received a copy of the replacement notice? Yes ☐ No ☐

SECTION F. (continued)

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual non-Medicare supplement plan.) Yes ☐ No ☐

If YES, answer (a) – (c) below.

(a) Name of Company _____

Plan Type & Policy/Certificate No _____

Company Telephone Number _____

Coverage Dates: START DATE / /

(if you are still covered under this plan, leave end date blank) END DATE / /

(b) Reason for termination/disenrollment? _____

(c) Planned date of termination/disenrollment? / /

This section to be completed only by an agent, if applicable.

Agents shall list any other health insurance policies they have sold to the applicant.

(1) List policies sold which are still in force.

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage

(2) List policies sold in the past five (5) years which are no longer in force.

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage

IMPORTANT STATEMENTS TO BE READ BY APPLICANT

- You do not need more than one Medicare supplement policy.
- If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare Supplement Insurance Policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement Insurance Policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted, if requested, within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available a substantially equivalent policy) will be reinstituted, if requested, within 90 days of losing your employer or union based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- Counseling services may be available in your state to provide advice concerning your purchase of a Medicare Supplement Insurance policy and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

AUTHORIZATION AND CERTIFICATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, Division of Motor Vehicles, the Veterans Administration or other medical or medically-related facility, insurance company or Medicare, that has any records or knowledge of me or my health to give Admiral Life Insurance Company of America, or its reinsurers, any such information. I understand that I am authorizing Admiral Life Insurance Company of America to receive my health information and prescription drug usage history. The released information received by Admiral Life Insurance Company of America will remain protected by federal and/or state regulations as long as it is maintained by the health plan. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information. Medical information will not be used to decline coverage if I am applying during an open enrollment or guaranteed issue period.

I understand that the information requested is necessary for evaluation and underwriting of my application for the Medicare Supplement Insurance Policy for which I have applied; to determine eligibility for insurance, risk rating or policy issue determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; and to conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Admiral Life Insurance Company of America. I understand that telephone interviews may be a part of the application process and that any information obtained from such telephone interviews may be used to decline my application for coverage. I understand that failure to provide the authorization to Admiral Life Insurance Company of America *will* result in the rejection of the Medicare Supplement Insurance Policy coverage. I understand that I may revoke this authorization at any time by notifying Admiral Life Insurance Company of America in writing at their Medicare Supplement Administrative Office: [P.O. Box 10862, Clearwater, Florida 33757-8862] I understand that such revocation will not have any effect on actions Admiral Life Insurance Company of America took prior to their receiving the revocation notice. I understand that this authorization will be valid for twenty-four (24) months from the date signed if used in connection with an application for an insurance policy, reinstatement of an insurance policy, or change in policy benefits. A photocopy of this authorization will be treated in the same manner as the original. I understand that I or my authorized representative am entitled to a copy of this authorization.

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete and I understand and agree that: (a) the insurance shall not take effect until my Medicare coverage is effective, the application has been accepted and approved by the Company, the first premium has been paid, and the policy has been delivered to the applicant; and (b) oral statements between the agent and myself are not binding on the Company unless accepted by the Company in writing. The undersigned applicant certifies that the applicant has read, or had read to him, the completed application and that he realizes that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part. I understand that any change in my health history prior to delivery of this policy may be used in the underwriting evaluation process.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I wish to apply for a Medicare supplement insurance policy. I acknowledge that I have received or been given access to review or print: (a) an Outline of Coverage for the policy applied for, and (b) a "Guide to Health Insurance for People with Medicare."

Signed at: _____ _____ _____

State | Applicant's Signature | Date

This section to be completed only by an agent, if applicable.

Signed at: _____ _____ _____

State | Agent's Signature and Writing Number | Date

Policy Mailing Preference: ☐ Mail to Agent ☐ Mail to Applicant

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA

Outline of Medicare Supplement Coverage

Benefit Plans A, B, C, D, F, G, M, N and High Deductible Plan F

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. [Plans E, H, I, and J are no longer available for sale.]

Basic Benefits:

- **Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.**
- **Medical Expenses – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.**
- **Blood – First three pints of blood each year.**
- **Hospice – Part A coinsurance**

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*		Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100 % Part B coinsurance except up to $20 copayment for office visit, and up to $50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100 %)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out- of-pocket limit [$4640] paid at 100% after limit reached	Out-of -Pocket limit [$2320] paid at 100% after limit reached		

***Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $[2000] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $[2000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the Policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.**

Effective [mm-dd-yyyy]

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA

[RATES]

PREMIUM INFORMATION

Admiral Life Insurance Company of America may change your premium if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class. Class is defined as underwriting class, state and zip code of residence.

Premiums will change on Your Policy Anniversary Date.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

[This outline shows benefits and premiums of Policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.]

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and Admiral Life Insurance Company of America.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your Policy, you may return it to: Admiral Life Insurance Company of America, Medicare Supplement Administration, [P.O. Box 10860**,** Clearwater, Florida 33757-8860]**.** If you send the Policy back to us within 30 days after you receive it, we will treat the Policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new Policy and are sure you want to keep it.

NOTICE

This Policy may not fully cover all of your medical costs. Admiral Life Insurance Company of America is not connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new Policy, be sure to answer truthfully and completely all questions about your medical and health history. Admiral Life Insurance Company of America may cancel your Policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Please refer to your Policy for details.

PLAN A

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$0	$[1132] (Part A deductible)
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
—Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	$0	Up to $[141.50] a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0

PLAN B

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[1132] (Part A deductible)	$0
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	$0	Up to $[141.50] a day
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN B

MEDICARE (PART B) – MEDICAL SERVICES-PER – CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0

PLAN C

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[1132] (Part A deductible)	$0
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	Up to $[141.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN C
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved Amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment			
First $[162] of Medicare Approved Amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000.	20% and amounts over the $50,000 lifetime maximum.

PLAN D

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[1132] (Part A deductible)	$0
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	Up to $[141.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

PLAN D

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First $[162] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% $0 80%	 $0 $0 20%	 $0 $[162] (Part B deductible) $0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First $250 each calendar year Remainder of charges	 $0 $0	 $0 80% to a lifetime maximum benefit of $50,000.	 $250 20% and amounts over the $50,000 lifetime maximum.

PLAN F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[1132] (Part A deductible)	$0
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
—Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	Up to $[141.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment First $[162] of Medicare Approved Amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER SERVICES – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

HIGH DEDUCTIBLE PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $[2000] deductible. Benefits from the high deductible plan F will not begin until the out-of-pocket expenses are $[2000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2000] DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $[2000] DEDUCTIBLE** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[1132] (Part A deductible)	$0
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
—Additional 365 days	$0	100% of Medicare eligible expenses	$0***
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	Up to $[141.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $162 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $[2000] deductible. Benefits from the high deductible plan F will not begin until the out-of-pocket expenses are $[2000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2000] DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $[2000] DEDUCTIBLE** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved amounts*	$0	$[162] (Part B deductible)	$0
Remainder of Medicare Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2000] DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $[2000] DEDUCTIBLE** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First $[162] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% $0 80%	$0 $[162] (Part B deductible) 20%	$0 $0 $0

OTHER SERVICES – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2000] DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $[2000] DEDUCTIBLE** YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First $250 each calendar year Remainder of charges	 $0 $0	 $0 80% to a lifetime maximum benefit of $50,000	 $250 20% and amounts over the $50,000 lifetime maximum

PLAN G

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[1132] (Part A deductible)	$0
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	Up to $[141.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) – MEDICAL SERVICES-PER – CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

PLAN G

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES			
— Medically necessary skilled care services and medical supplies	100%	$0	$0
— Durable medical equipment First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000.	20% and amounts over the $50,000 lifetime maximum

PLAN M

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[566] (50% of Part A deductible)	$[566] (50% of Part A deductible)
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	Up to $[141.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN M

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

PLAN M

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First $[162] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% $0 80%	$0 $0 20%	$0 $[162] (Part B deductible) $0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First $250 each calendar year Remainder of charges	 $0 $0	 $0 80% to a lifetime maximum benefit of $50,000.	 $250 20% and amounts over the $50,000 lifetime maximum.

PLAN N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1132]	$[1132] (Part A deductible)	$0
61st thru 90th day	All but $[283] a day	$[283] a day	$0
91st day and after:			
— While using 60 lifetime reserve days	All but $[566] a day	$[566] a day	$0
— Once lifetime reserve days are used:			
— Additional 365 days	$0	100% of Medicare eligible expenses	$0**
— Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $[141.50] a day	Up to $[141.50] a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/ coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $[162] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment,			
First $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to $[20] per office visit and up to $[50] per emergency visit. The co-payment of up to $[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $[20] per office visit and up to $[50] per emergency visit. The co-payment of up to $[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $[162] of Medicare Approved Amounts*	$0	$0	$[162] (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

(continued)

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES — Medically necessary skilled care services and medical supplies — Durable medical equipment First $[162] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 100% $0 80%	 $0 $0 20%	 $0 $[162] (Part B deductible) $0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First $250 each calendar year Remainder of charges	 $0 $0	 $0 80% to a lifetime maximum benefit of $50,000.	 $250 20% and amounts over the $50,000 lifetime maximum.

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA

Home Office: [Scottsdale, Arizona]
Administrative Office: [P. O. Box 10860 Clearwater, Florida 33757-8860]

APPLICATION FOR REINSTATEMENT

I, _____ hereby apply for reinstatement of my policy number _____.

1. **To the best of your knowledge and belief, have you had any illness or personal injury, or consulted with, been prescribed for, operated on, or treated by any physician or other person during the past two years?**

☐ **Yes** ☐ **No** **If your answer is "Yes" give details as follows:**

Nature of Sickness, Disease	Dates of Each Occurrence From - To	Surgery Yes/No	Degree of Recovery	Hospitalized Yes/No	Hospital Name & Address If Confined (or Physician if not confined)

2. Name and address of your family physician: _____

_____

_____

I hereby reaffirm the correctness of the answers to the questions in my original application for the above-numbered policy, and I hereby represent that I am in good health and free from injury. I agree that if this policy is reinstated, such reinstatement shall be in accordance with the terms of the policy and shall not take effect until this application for reinstatement and the premium payment accompanying this application have been accepted and approved by the Company.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Insured _____

Signed at _____ On _____
City State Month Day Year

HOME OFFICE ONLY:

Reinstatement Effective Date_____

Approved By:

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA
Home Office: [Scottsdale, Arizona 85253]
Medicare Supplement Administrative Office:[P. O. Box 10860 Clearwater, Florida 33757-8860]
SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by Admiral Life Insurance Company of America. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available under the new policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present policy or Medicare Advantage coverage only if, after due consideration and acceptance, by Admiral Life Insurance Company of America, you find that purchase of this Medicare supplement coverage is a wise decision. You should evaluate the need for other accident and sickness coverage you have that may duplicate the benefits provided under this policy.

STATEMENT OF APPLICANT TO INSURER:

I have reviewed my current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate my existing Medicare supplement or, if applicable, Medicare Advantage coverage because I intend to terminate my existing Medicare supplement coverage or leave my Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

_____ Additional benefits.

_____ No change in benefits, but lower premiums.

_____ Fewer benefits and lower premiums.

_____ Change in benefits. **(Gaining additional benefit(s) but losing some existing benefit(s)).**

_____ My plan has outpatient drug coverage and I am enrolling in Part D.

_____ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.
_____

_____ Other (please specify) _____

We call to your attention the following items for your consideration:

If, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. **Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.**

The above "Notice to Applicant" was delivered to me on:

_____ _____
Applicant's Signature Date

MSDREPL2010

ADMIRAL LIFE INSURANCE COMPANY OF AMERICA
Home Office: [Scottsdale, Arizona 85253]

Mail To:
ADMIRAL LIFE INSURANCE COMPANY OF AMERICA
Administrative Office
[P.O. Box 10862
Clearwater, Florida 33757-8862]

AMENDMENT TO APPLICATION

I hereby agree that the following changes noted below shall be an amendment to and form a part of the application for Policy Number _____ and shall be binding on any person who shall have or claim any interest under such policy.

Acceptance is acknowledged by:

_____ _____
Insured Date

INSERT OFFICER SIGNATURE

[Corporate Secretary]

SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
Filing Company:	*Admiral Life Insurance Company of America*	*State Tracking Number:*	*47607*
Company Tracking Number:	*AL 2010 AR IAS FORMS*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*AL 2010 AR IAS Forms*		
Project Name/Number:	*AL 2010 AR IAS Forms/*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 01/26/2011	Rate Pages	ALMSDAI2010AR, ALMSDBI2010AR, ALMSDCI2010AR, ALMSDDI2010AR, ALMSDFI2010AR, ALMSDRI2010AR, ALMSDGI2010AR, ALMSDMI2010AR, ALMSDNI2010AR	New		Rates.pdf

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan A

Issue Age	Preferred	Standard
All	1,281	1,424

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan B

Issue Age	Preferred	Standard
All	1,497	1,662

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan C

Issue Age	Preferred	Standard
All	1,805	2,006

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan D

Issue Age	Preferred	Standard
All	1,568	1,742

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan F

Issue Age	Preferred	Standard
All	1,848	2,053

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan High F

Issue Age	Preferred	Standard
All	728	808

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan G

Issue Age	Preferred	Standard
All	1,576	1,751

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan M

Issue Age	Preferred	Standard
All	1,412	1,568

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

Exhibit A

Gross Annual Premiums

Admiral Life Insurance Company of America

Medicare Supplement Policy
2010 Direct Standardized Plan N

Issue Age	Preferred	Standard
All	1,293	1,438

There is no modal loading.

Area Factors:

Arkansas	
722	1.10
72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199	1.10
All other zip codes beginning with 720 and 721	1.05
Rest of State	0.93

SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
Filing Company:	*Admiral Life Insurance Company of America*	*State Tracking Number:*	*47607*
Company Tracking Number:	*AL 2010 AR IAS FORMS*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*AL 2010 AR IAS Forms*		
Project Name/Number:	*AL 2010 AR IAS Forms/*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	01/26/2011

Comments:

Attachment:

Flesch Cert - IA.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	01/26/2011

Comments:

Application is submitted under the forms tab.

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	01/26/2011

Comments:

The outline of coverage is included on the forms tab.

		Item Status:	Status Date:
Satisfied - Item:	Letter of Authorization	Approved	01/26/2011

Comments:

Attachment:

2010 05 Admiral IAS Authorization Letter.pdf

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variable Language for Amendment to Application	Approved	01/26/2011

Comments:

SERFF Tracking Number:	*IASL-126952317*	*State:*	*Arkansas*
Filing Company:	*Admiral Life Insurance Company of America*	*State Tracking Number:*	*47607*
Company Tracking Number:	*AL 2010 AR IAS FORMS*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*AL 2010 AR IAS Forms*		
Project Name/Number:	*AL 2010 AR IAS Forms/*		

Attachment:

AR Variable Lang AL-ATA.pdf

READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer:

Admiral Life Insurance Company of America
8601 North Scottsdale Road
Suite 300
Scottsdale, AZ 85253

I hereby certify that the Flesch Reading Ease Test Score of the forms listed below is as follows:

TYPE/TITLE OF FORM	FORM NUMBERS	FLESCH SCORE
Medicare Supplement Policy – Plan A	ALMSDAI2010AR	50.0
Medicare Supplement Policy – Plan B	ALMSDBI2010AR	50.1
Medicare Supplement Policy – Plan C	ALMSDCI2010AR	50.2
Medicare Supplement Policy – Plan D	ALMSDDI2010AR	50.0
Medicare Supplement Policy – Plan F	ALMSDFI2010AR	50.2
Medicare Supplement Policy – Plan High F	ALMSDRI2010AR	50.7
Medicare Supplement Policy – Plan G	ALMSDGI2010AR	50.2
Medicare Supplement Policy – Plan M	ALMSDMI2010AR	50.5
Medicare Supplement Policy – Plan N	ALMSDNI2010AR	51.1
Medicare Supplement Application	ALAPP2010AR	Scored as a part of the policy.

The type size of the text is at least 10-pointed leaded.

I also certify to the best of my knowledge and belief that the form is in compliance with the Insurance Code and with all other applicable requirements of the Insurance Department in this state.

Signed for the Company by an Officer

Signature

Corporate Secretary

Title

December 20, 2010

Date

Admiral Life Insurance Company of America
One State Mutual Drive
P. O. Box 33
Rome, GA 30162-0033

May 21, 2010

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. "IAS" to file on behalf of Admiral Life Insurance Company of America policy forms, rate filings and reports with the State Departments of Insurance.

IAS may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Rick Gordon
Executive Vice President

Admiral Life Insurance Company of America
Form: AL-ATA

Section A Proposed Insured Information

Incorrect, Misspelled or Blank Name EXAMPLE: Jane Smyth is changed to Jayne Smith
Incorrect, Misspelled or Blank Resident Address – EXAMPLE : Changed from 1st Street to 1st Avenue
Incorrect Telephone Number – EXAMPLE: Changed from 000-00-0000 to 123-45-7890
Incorrect, Misspelled or Blank City – EXAMPLE: Janesville is changed to Jonesville
Incorrect, Misspelled or Blank State – Residence State: EXAMPLE:YY is changed to XX
Incorrect or Blank Zip Code – Zip Code: EXAMPLE: 12345 is changed to 12346
Incorrect or Blank Date of Birth – EXAMPLE: Date of Birth: 08/08/19XX
Incorrect or Blank Current Age – EXAMPLE: Age is changed from 65 to 66
Incorrect or Blank Sex – SEX: Male
SEX: Female
Incorrect, Incomplete or Blank Social Security Number – EXAMPLE: Social Security Number: 123-45-1234
Incorrect, Incomplete or Blank Medicare Number – EXAMPLE: Medicare Claim Number: 123456780A
Incorrect, Incomplete Email address – EXAMPLE: Jayne.Smith@network changed to JSmith@network.com
Incorrect, Incomplete or Blank - Height and Weight

Section B Plan and Premium Information

Incorrect, or Blank - Plan EXAMPLE: Plan A changed to PLAN D
Incorrect, Incomplete or Blank Requested Effective Date: EXAMPLE: 08/01/2009
Incorrect, Incomplete or Blank - Premium collected
Incorrect, or Blank – Initial Bank Draft EXAMPLE: Issue Date changed to Effective Date
Incorrect, or Blank Payment Mode: EXAMPLE: Annual changed to Semi-Annual premium

Section C – Eligibility Questions

Incomplete, incorrect or left blank

1. Are you covered under Medicare Part A? ANSWER: Yes ☐ No ☐

   If YES, what is your Part A effective date? EXAMPLE 08-15-2010

   If NO, what is your eligibility date? EXAMPLE 08-15-2010

2. Are you covered under Medicare Part B? ANSWER: Yes ☐ No ☐

   If YES, what is your Part A effective date? EXAMPLE 08-15-2010

   If NO, what is your eligibility date? EXAMPLE 08-15-2010

3. Are you applying during a guaranteed issue period? (If YES please attach proof of eligibility).

   ANSWER Yes ☐ No ☐

Incomplete, incorrect or left blank

SECTION D. HEALTH QUESTIONS ***(You do not have to answer these questions if you are applying during open enrollment or a guaranteed issue period.)***		
Have you used tobacco in any form in the past 12 months?	Yes ☐	No ☐

If applying during Open Enrollment or a Guaranteed Issue period, go to SECTION F.

If not, PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. If you answer YES to any of the following questions 1 - 14, you are not eligible for coverage.

Incomplete, incorrect or left blank

1. Are you currently hospitalized or confined to a nursing facility; or, are you bedridden or confined to a wheelchair? ANSWER Yes ☐ No ☐
2. Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD) or other chronic pulmonary disorders? ANSWER Yes ☐ No ☐
3. Have you been diagnosed with Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Multiple or Lateral Sclerosis, Osteoporosis with fractures, Cirrhosis or kidney disease requiring dialysis? ANSWER Yes ☐ No ☐
4. Have you been diagnosed with Alzheimer's Disease, Senile Dementia, or any other cognitive disorder?

   ANSWER Yes ☐ No ☐
5. Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ANSWER Yes ☐ No ☐
6. If you have diabetes, do you have any of the following conditions: diabetic retinopathy, peripheral vascular disease, neuropathy, any heart condition (including high blood pressure), or kidney disease? If you do **not** have diabetes, this question should be answered "NO." ANSWER Yes ☐ No ☐
7. Do you have diabetes that has ever required more than 50 units of insulin daily? ANSWER Yes ☐ No ☐
8. Within the past two years have you been treated for or been advised by a physician to have treatment for internal cancer, alcoholism, drug abuse, mental or nervous disorder requiring psychiatric care or have you had any amputation caused by disease? ANSWER Yes ☐ No ☐
9. Within the past two years have you been treated for or been advised by a physician to have treatment for heart attack, heart, coronary or carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure or enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders? ANSWER Yes ☐ No ☐
10. Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis or have you been advised to have a joint replacement? ANSWER Yes ☐ No ☐
11. Have you been advised by a physician that surgery may be required within twelve (12) months for cataracts? ANSWER Yes ☐ No ☐
12. Have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed? ANSWER Yes ☐ No ☐
13. Have you been hospital confined three or more times in the last two years? ANSWER Yes ☐ No ☐
14. Have you had an organ transplant or been advised by a physician to have an organ transplant?

    ANSWER Yes ☐ No ☐

Section E Medication History - This Section is not completed if the applicant is applying during open enrollment or guaranteed issue period.

Incomplete, incorrect or left blank
Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?
ANSWER: Yes ☐ No ☐
Incomplete, incorrect or left blank
If YES, please list the drug(s) and the condition(s) below. Attach a separate sheet if needed.
EXAMPLE

Medication Name: Zestril
Date Originally Prescribed: October 2006
Dosage and Frequency: 10 mg, once daily
Diagnosis/Condition: High Blood Pressure

SECTION F.

Incomplete, incorrect or left blank

Part II Medical Coverage Replacement - Incorrect, Incomplete or Blank Replacement Information

Incorrect, Incomplete or left blank: Did you turn age 65 in the last 6 months? **ANSWER:** ☐ Yes ☐ No
Incorrect, Incomplete or left blank: Did you enroll in Medicare Part B in the last 6 months? **ANSWER**: ☐ Yes ☐ No
Incorrect, Incomplete or left blank: If yes, what is the effective date? **EXAMPLE:** 08/01/2000

2. Are you covered for medical assistance through the state Medicaid program? NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost" please answer NO to this question**. ANSWER** ☐ Yes ☐ No

   If yes,

   (a) Will Medicaid pay your premiums for this Medicare supplement policy**? ANSWER** ☐ **Yes** ☐ **No**

   (b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? **ANSWER** ☐ Yes ☐ No

3. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), **ANSWER:** ☐ Yes ☐ No

   (a) Name of Company EXAMPLE ABC Insurance
   Plan Type & Policy/Certificate No. Left Blank EXAMPLE: Plan A Policy # 123456

   Company telephone number Left Blank EXAMPLE (800) 789-1234

   Coverage Dates Left Blank EXAMPLE: Start Date 05/11/2005 End Date 05/11/2011

   (b) **If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy? ANSWER:** ☐ Yes ☐ No
   (c) Reason for termination/disenrollment? Left Blank
   (d) Planned date of termination/disenrollment? Left Bland
   (e) Was this your first time in this type of Medicare plan? **ANSWER:** ☐ Yes ☐ No

   (f) Did you drop a Medicare supplement policy to enroll in the Medicare Plan?
   ANSWER: ☐ Yes ☐ No

   (g) Is your former Medicare Supplement or Medicare Select policy/certificate still available? **ANSWER:** ☐ Yes ☐ No

4. Do you have another Medicare supplement policy in force? **ANSWER:** ☐ Yes ☐ No

   (a) Name of company Left Blank **EXAMPLE: ABC Ins Co.**
   Plan Type & Policy/Certificate No. Left Blank **EXAMPLE: Plan A**
   Company Telephone Number Left Blank EXAMPLE 333-333-3333
   Issue Date Left Blank **EXAMPLE**: 03/31/2010
   (b) Do you intend to replace your current Medicare supplement or Medicare select policy/certificate with this policy? **ANSWER:** ☐ Yes ☐ No
   (c) Indicate termination date Left Blank **EXAMPLE**: 03/31/2010

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan) **ANSWER:** ☐ Yes ☐ No

   (a) Name of company Left Blank **Example: ABC Ins Co.**
   Plan Type & Certificate/ Policy Number Left Blank **Example: MedSup/Policy, Certificate# 123456**
   Company telephone number Left Blank **EXAMPLE**: (800) 123-4567
   Coverage Dates: Left Blank **EXAMPLE Date started 08/01-1998 - Dated ended 07/31/2011**

   (b) Reason for termination/disenrollment? Left Blank
   (c) Planned date of termination/disenrollment? Left Blank **EXAMPLE 05/11/2011**

Authorization and Certification Signature and/or date left blank